

# IFSP Planning Worksheet

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

*IFSP Team Membership Selection* by family and Service Coordinator, to identify team members who will be helpful in addressing child and family outcomes, issues and tasks. (Circle those to be invited\*\*)

*Planning the IFSP Team Meeting:* The family and Service Coordinator create an agenda for the IFSP Team Meeting.

## *Family/Community:*

- Parents
- Interpreters
- Respite, child care providers
- Advocates
- Ministry
- Parents as Teachers
- Inclusive Child Care Coordinator
- Early Childhood Program (e.g., preschool program, child care provider)
- Other family members, relatives, friends
- Community, civic, disability or parent groups
- Early Head Start/Head Start
- ECSE representative
- Legal representation
- Other:

## *Social Services:*

- Social Worker
- DFS Case Worker
- Other private providers:

## *Early Intervention Providers:*

- Developmental Specialist (Spec.Instr.)
- Special Education Teacher
- Special Instruction Practitioner
- Speech/Language Pathologist
- Mental Health Practitioner
- MO-SPIN for visual impairments,
- Project OutReach for hearing impairments
- First Steps Service Coordinator
- Nurse
- Occupational Therapist
- Physical Therapist
- Psychologist
- Nutritionist
- M-PACT
- Other:

## *Health Care Providers*

- Primary care physician
- Private home health care
- Specialists/specialty centers
- Public health nursing
- Other:
- Other physician(s)
- Primary nurse
- Other hospital staff
- Community health services
- Personal care attendants
- Other:

1. Convenient times for family and other team members to attend:

2. Desired location of the meeting:

3. Who will lead the meeting?

4. Agenda for the meeting:

5. Approximate length of meeting time:

6. Preparation needed:

\*\*Prompts prior written notification detailing date, location, time and purpose of the meeting as well as who is expected to attend.

## Instructions for IFSP Planning Worksheet

**Purpose:** This is an opportunity for the family and intake/service coordinator to plan who will be at the IFSP meeting, where and when the meeting will be held, and what will be discussed.

**Legal Basis:** 30 CFR part 303, Section 303.342 (c) Accessibility and convenience of meetings and Section 303.343 participants in IFSP meeting and periodic reviews.

### Instructions:

**IFSP Team Membership Selection:** The intake/service coordinator should discuss the variety of issues that may come up at the IFSP team meeting with the family. Circle all those individuals whom the family wishes to be considered as members of the IFSP team. In selecting who should be invited, keep in mind who may be helpful in addressing child and family outcomes, strategies, and activities. Families need to make sure that they have appropriate supports for themselves as well (like someone to take notes for them while they talk).

**Planning the IFSP Team Meeting:** Discuss with the family the time, location that will be convenient for them, who will lead the meeting and what needs to be discussed at the meeting. This formulates a reasonable agenda and will be helpful in determining an approximate length of time for the meeting so individuals invited and the family knows what amount of time to commit to the meeting. List any items that may need to be completed before the meeting (i.e. gathering additional assessment information beyond what was needed to determine eligibility). The family is assisted by the intake/service coordinator in reviewing the Provider Matrix and selecting providers for the IFSP Team who have the expertise and information related to concerns, priorities, and resources that they have identified.

**Application:** This Worksheet can be completed with the family by the intake/service coordinator before the initial IFSP, periodic reviews, and annual IFSP meetings. Completion of this Worksheet prompts the intake/service coordinator to issue written prior notification to all who have been invited to the IFSP meeting, including the family.